### PART B - FEE(S) TRANSMITTAL



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(571) 273-2885 or <u>Fax</u>

appropriate. All further correspondence including the Patent, advance orders and not	PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ification of maintenance fees will be mailed to the current correspondence address as a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal 1	of mailing can only be used for this certificate cannot be used hall paper, such as an assignment	for any other accompanying	
22903 759		have its own certification	nal paper, such as an assignmente of mailing or transmission.				
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1201011, 1112019						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/014,678	12/11/2001		Scott Bluni		BSCU-004/00US	3218	
TITLE OF INVENTION: UF	RETERAL STENTS AND I	RELATED METH	ODS				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	<del></del>	\$300	\$1700	03/27/2006	
EXAMI	PAICD	ART UN	ur C	LASS-SUBCLASS	7		
BARRETT, 1	······	3738	1	623-023700			
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<ol> <li>Change of correspondence CFR 1.363).</li> </ol>	address or indication of "Fe	ee Address" (37		the patent front page, up to 3 registered pat	1		
Change of correspondence address (or Change of Correspondence or ag			or agents OR, alte	or agents OR, alternatively,  (2) the name of a single firm (having as a member a			
_			(2) the name of a	single firm (having as			
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B						
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear on t T a substitute for filin	he patent. If an assignments/15,	gnee is identified below, the c 72096 HBEYENE2 00000205		
(A) NAME OF ASSIGNE	EE	(E		TY and STATE OR COUNTRY)		1400.00 OP 300.00 OP	
Boston Sci	entific Scimed	l, Inc.	Maple Grove, Minnesota				
Please check the appropriate				☐ Individual ☐	Corporation or other private gr	oup entity Government	
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Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)		ed)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	Copies		XI The Director is Deposit Account Nu		charge the required fee(s), or enclose an extra c		
5. Change in Entity Status (	from status indicated above	e)		*if	necessary		
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The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	iblication Fee (if required) v	will not be accepted	d from anyone other t	re-apply any previou han the applicant; a re	isly paid issue fee to the applicate sistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	1000	, , <u>, , , , , , , , , , , , , , , , , </u>		Date	MARCH 14,2006	<del></del>	
Typed or printed name	Timothy D. Fo	ord	100 ·	Registratio	on No. 47,567		
an application. Confidentialit submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virgi Alexandria, Virginia 22313-1	ty is governed by 35 U.S.C plication form to the USPT for reducing this burden, sl nia 22313-1450. DO NOT 1450.	. 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR (	1.14. This collection depending upon the Chief Information COMPLETED FORM	is estimated to take I individual case. Any officer, U.S. Patent ar is TO THIS ADDRE	y the public which is to file (an 2 minutes to complete, includic comments on the amount of ti and Trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB contro	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Thomas C. Barrett

3738

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner:

Art Unit:

application of Scott BLUNI et al.

Serial No.:

10/014,678

Filed:

December 11, 2001

For:

Confirmation No.: 3218

URETERAL STENTS AND RELATED METHODS

U.S. Patent and Trademark Office Customer Service Window, Mail Stop Issue Fee Randolph Building 401 Dulany Street Alexandria, VA 22314

#### **ISSUE FEE TRANSMITTAL**

Transmitted herewith is an Issue Fee Transmittal (Form PTOL-85) for the aboveidentified application.

#### Also enclosed is:

- "Fee Address" Indication Form [x]
- One return receipt postcard [x]

## Fees:

- [x]Issue Fee of \$ 1,400.00
- Publication Fee of \$ 300.00 [x]
- Other Fees: \$\_\_\_\_\_ for

Total fee: \$\_1,700.00

## Payment of Fees:

- Check in the amount of \$1,700.00 for the total fee is attached. [x]
- Please charge \$\_\_\_ to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: MARCH 14, 2006

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Respectfully submitted, COOLEY GODWARD LLP

By:

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